PTO/SB/17 (10-08)

2 3 7000 B Under the Paperwork Reduction Act	of 1995 no pers	sons are required to re	U.S. Paten	t and Trac	lemark Office: U.S. D	igh 06/30/2010. OMB 0651-0032 DEPARTMENT OF COMMERCE ays a valid OMB control number	
	Complete if Known						
Effective on Feest Disuant to the Consolidated A	opropriations Ac	t, 2005 (H.R. 4818).	Application Nur	mber	09/496,389		
FEE TRA	NSMI	IIAL	Filing Date		02/02/2000		
For F	Y 2009		First Named In	ventor	Boris Marchegia	ani	
			Examiner Nam	е	Ella Colbert	<u> </u>	
Applicant claims small entity	status. See 3	37 CFR 1.27	Art Unit		3696		
TOTAL AMOUNT OF PAYMENT	(\$)	405	Attorney Docke	et No.	341-001		
METHOD OF PAYMENT (ch	eck all that a	oply)					
Check Credit Card	Money	Order Nor	ne Other (please ide	entify):		
Deposit Account Deposit	Account Numbe	r: 23-0420	Deposit A	.ccount Na	me: Ward & Oli	vo	
For the above-identified d	eposit account	, the Director is her	reby authorized to	o: (check	all that apply)		
✓ Charge fee(s) indic	ated below		Charg	ge fee(s)	indicated below, e	except for the filing fee	
Charge any additio under 37 CFR 1.16		nderpayments of fe	e(s) 🗸 Credi	it any ove	erpayments		
WARNING: Information on this form information and authorization on PT		ublic. Credit card inf	formation should r	ot be inc	luded on this form.	Provide credit card	
FEE CALCULATION							
1. BASIC FILING, SEARCH,	AND EXAMI	NATION FEES					
	ING FEES	SEAR	CH FEES	EXAN	MINATION FEES	3	
Application Type Fed	<u>Small Er</u> (\$) Fee (\$		Small Entity 1 Fee (\$)	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility 33		540	270	220			
Design 22	0 110	100	50	140	70		
Plant 22	0 110	330	165	170	85		
Reissue 33	0 165	540	270	650	325		
Provisional 22	0 110	0	0	C	0		
2. EXCESS CLAIM FEES					Eng (f)	Small Entity	
<u>Fee Description</u> Each claim over 20 (include	ling Reissues	3)			<u>Fee (\$)</u> 52	<u>Fee (\$)</u> 26	
Each independent claim ov					220	110	
Multiple dependent claims	`	,			390	195	
	Claims	Fee (\$) Fee	Paid (\$)			Dependent Claims	
20 or HP = HP = highest number of total claims	paid for, if great	er than 20.			<u>Fee (\$)</u>	Fee Paid (\$)	
Indep. Claims Extra	Claims		Paid (\$)				
3 or HP = HP = highest number of independer	X t claims paid for	if greater than 3					
3. APPLICATION SIZE FEE	•	•					
If the specification and draw							
listings under 37 CFR 1. sheets or fraction thereof					small entity) to	r each additional 50	
<u>Total Sheets</u> <u>Extr</u>	a Sheets	Number of eac	h additional 50 o	or fraction		e (\$)	
100 =	/ 50) =	_ (round up to a	wnoie nu	mper) x	=	
4. OTHER FEE(S) Non-English Specification	, \$130 fee	(no small entity	discount)			Fees Paid (\$)	
Other (e.g., late filing sure	-	•				405	
71	, = =						
SUBMITTED BY / /) 00						

Registration No. (Attorney/Agent) 46,170 Telephone 212.697.6262 Signature Date 04/20/2010 Name (Print/Type) David M. Hill

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- 11	Paperwork Reduction Act of 199	5, no perso			formation ur		J.S. DEPARTMENT OF COMMER displays a valid OMB control numb	
TRANSMITTAL			Filing Date	<u> </u>				
			First Named Inventor	First Named Inventor				
	FORM		Art Unit	Boris Marc	cnegiani			
			Examiner Name					
(to be used for all correspondence after initial filing)		Attorney Docket Numbe	<u>, </u>	Ella Colbert				
Total Number of Pages in This Submission 12			Attorney Docket Number 341-001					
		ENC	CLOSURES (Check	all that apply	1)			
Fee Tra	nsmittal Form		Drawing(s)				Allowance Communication to T	
	Fee Attached		Licensing-related Papers				I Communication to Board eals and Interferences	
Amenda	ment/Reply		Petition				Il Communication to TC Il Notice, Brief, Reply Brief)	
	After Final		Petition to Convert to a Provisional Application			Propri	etary Information	
		17	Power of Attorney, Revoca			•	•	
	Affidavits/declaration(s)		Change of Correspondence	e Address			Letter Enclosure(s) (please Identify	
Extensi	on of Time Request		Terminal Disclaimer		Ľ ı	pelow		
Express	Abandonment Request		Request for Refund		RCE; a			
Informa	tion Disclosure Statement		CD, Number of CD(s)					
		-	Landscape Table on	CD				
	Copy of Priority	Rema						
Docume	` '							
	Missing Parts/ ete Application							
	Reply to Missing Parts under 37 CFR 1.52 or 1.53							
	under 37 OFR 1.32 01 1.33							
	SIGNI	ATUDE	OF APPLICANT, ATT	ODNEY C	ND ACE	NT		
Firm Name		TIORE	OI AFFLICANI, ATI	ORIVET, C	/N AGE	141		
	Ward & Olivo							
Signature	I han I G	100						
Printed name	David M. Hill	V. N					· · ·	
Date 04/20/2010				Reg. No.	46,170		<u> </u>	
((ERTIFI	CATE OF TRANSMIS	SION/MAI	LING			
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